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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| Request for Continued Examination (RCE) Transmittal Address to: MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/701,852-Conf. #7792 |
| | Filing Date | November 5, 2003 |
| | First Named Inventor | Masuo Ogawa |
| | Art Unit | 2835 |
| | Examiner Name | Y. H. Chang |
| | Attorney Docket Number | 04995/126001 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other _____

b. ☒ Enclosed

i. ☐ Amendment/Reply

iii. ☒ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 50-0591. I have enclosed a duplicate copy of this sheet.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☒ Payment by credit card (Form PTO-2038 enclosed)

| | | | |
|------------------------------------------------------------|------------------|------------------|-------------------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | |
| Signature | | Date | February 12, 2007 |
| Name (Print/Type) | Jonathan P. Osha | Registration No. | 33,986 |

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| <div style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div style="text-align: center;">FEE TRANSMITTAL For FY 2006</div> <div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> | | Complete if Known | |
| | | Application Number | 10/701,852-Conf. #7792 |
| | | Filing Date | November 5, 2003 |
| | | First Named Inventor | Masuo Ogawa |
| | | Examiner Name | Y. H. Chang |
| | | Art Unit | 2835 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 790.00 |
| | | Attorney Docket No. | 04995/126001 |

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|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha · Liang LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|--------------|--------------|--------------|------------------|--------------------------------------|----------------|
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| Application Type | Fee (\$) | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | | Small Entity | Small Entity | Small Entity | Small Entity | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES | | | | | | | | |
| Fee Description | | | | | | | Small Entity | |
| | | | | | | | Fee (\$) | |
| Each claim over 20 (including Reissues) | | | | | | | 50 | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | |
| Multiple dependent claims | | | | | | | 360 | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | Multiple Dependent Claims | |
| - = x = | | | | | | | Fee (\$) Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | | |
| - = x = | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| - 100 = /50 (round up to a whole number) x = | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... | | | | | | | 790.00 | |

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|---------------------|------------------|-----------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 33,986 |
| Name (Print/Type) | Jonathan P. Osha | Telephone | (713) 228-8600 |
| | | Date | February 12, 2007 |



Application No. (if known): 10/701,852

Attorney Docket No.: 04995/126001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 943705497 US in an envelope addressed to:

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 12, 2007
Date


Signature

Yuki Tsukuda

Typed or printed name of person signing Certificate

N/A

Registration Number, if applicable

(713) 228-8600

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Information Disclosure Statement (2 pages)
Request for Continued Examination Transmittal (1 page)
IDS (Citation) by Applicant (3 References) (1 page)
Payment by credit card. Form PTO-2038 is attached (1 page)
Charge \$790.00 to credit card
Return Receipt Postcard